

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
[www.iowa.gov/ethics](http://www.iowa.gov/ethics)


**FORM-GB**

Gift or Bequest Information received  
 by a department or accepted by the  
 Governor on behalf of the state

**For office use only**

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

DHS - Glenwood Resource Center	
Name of Department or Office 711 S Vine St	Glenwood, Iowa 51534
Mailing Address 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

James Thompson	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Anonymous donation to GRC	
Name	
711 S. Vine St.	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
712-525-1252	
Area Code & Telephone Number	
Email Address (optional)	

3/15/19	\$7.05
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Anonymous donation of IA \$.05 Deposit containers - for activities of individuals residing at Glenwood Resource Center.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, James Thompson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

James Thompson  
 Signature

6 / 12 / 19  
 Date

**RECEIPT OF DONATION**  
(Please send to Ruth Messenger #23)

PERSON/ORGANIZATION:

6pc DONATION

Donor Name

Address

City, State, Zip Code

ITEMS DONATED:

1 BAG 141 cans @ \$0.05 ea

DROP OFF LOCATION:

CAN REDEMPTION

DONOR VALUATION OF  
ITEM(S):

\$ 7 .05

DONORS EXPECTATION OF USE:

gen funds

(i.e. donation to a specific house, Campbell Park, etc.).

DATE RECEIVED:

3-18-19

GRC SUPERVISOR RECEIVING  
DONATION:

Diana Sawyer

COMMENTS/NOTES: